

04-27-01

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **TI-29265**

First Named Inventor or Application Identifier

**Osamu Koshiba**Title **Image Preprocessing**

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**EL645454229US**A  
04/25/01  
JC975 U.S. PTO  
04/25/01

On Page 1 of the specification, before line 1, insert –This application claims priority under 35 USC § 119(e)(1) of provisional application number 60/200,828 filed 04/28/2000.--

| APPLICATION ELEMENTS   |           | ADDRESS TO:            |                    | Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231 |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |                |                    |
|--|-----------|------------------------|--------------------|--|--|------|--|--|--|---------|--|--|--|------|-------|----------|--|---------|-----------|----------------|--------------------|
| <p>See MPEP Chapter 600 concerning utility patent application contents</p> <p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17)<br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification<br/>(preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113)      [Total Sheets <b>4</b>]      [Total Pages <b>12</b>]</p> <p>4. Oath or Declaration           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly Executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br/>(for continuation/divisional with Box 17 completed)</li> </ul> <p style="text-align: center;"><b>[Note Box 5 below]</b></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br/>Signed statement attached deleting inventor(s)<br/>named in the prior application,<br/>see 37 CFR §1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked)<br/>The entire disclosure of the prior application, from which a copy of<br/>the oath or declaration is supplied under Box 4b, is considered as<br/>being part of the disclosure of the accompanying application and is<br/>hereby incorporated by reference therein.</p> </p> |           |                        |                    |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |                |                    |
| <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission<br/>(if applicable, all necessary)           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identical of above copies</li> </ul> </p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; Documents(s))</p> <p>9. <input type="checkbox"/> 37 CFR §3.73(b) Statement<br/>(when there is an assignee)      <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449      <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>14. <input type="checkbox"/> *Small Entity Statement(s)      <input type="checkbox"/> Statement filed in prior application<br/>(PTO/SB/09-12)      <input type="checkbox"/> Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other:</p> <p style="text-align: right;">*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.</p>  |           |                        |                    |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |                |                    |
| <p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation      <input type="checkbox"/> Divisional      <input type="checkbox"/> Continuation-in-part (CIP)      of prior application No: / .</p> <p>Prior application information: Examiner _____ Group / Art Unit: _____</p>   |           |                        |                    |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |                |                    |
| <p><b>18. CORRESPONDENCE ADDRESS</b></p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>23494</b> or <input type="checkbox"/> Correspondence address below<br/>(Insert Customer No. or Attach bar code label here)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NAME</td> <td colspan="3"></td> </tr> <tr> <td>ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td></td> </tr> <tr> <td>COUNTRY</td> <td>TELEPHONE</td> <td>(972) 917-4365</td> <td>FAX (972) 917-4418</td> </tr> </table>  |           |                        |                    |  |  | NAME |  |  |  | ADDRESS |  |  |  | CITY | STATE | ZIP CODE |  | COUNTRY | TELEPHONE | (972) 917-4365 | FAX (972) 917-4418 |
| NAME   |           |                        |                    |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |                |                    |
| ADDRESS  |           |                        |                    |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |                |                    |
| CITY   | STATE     | ZIP CODE               |                    |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |                |                    |
| COUNTRY  | TELEPHONE | (972) 917-4365         | FAX (972) 917-4418 |  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |                |                    |
| Name (Print/Type)  |           | <b>Carlton H. Hoel</b> |                    | Registration No. (Attorney/Agent) <b>29,934</b>                                      |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |                |                    |
| Signature  |           |                        |                    | Date <b>4/25/01</b>  |  |      |  |  |  |         |  |  |  |      |       |          |  |         |           |                |                    |

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Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

**Complete If Known**

Application Number

Filing Date 04/25/2001

First Named Inventor Osamu Koshiba

Examiner Name

Group / Art Unit

TOTAL AMOUNT OF PAYMENT

(\$ ) \$710

Attorney Docket No.

TI-29265

**METHOD OF PAYMENT****FEE CALCULATION (continued)**

1.  The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

- Charge any additional fee required or credit any overpayment  Charge all indicated fees and any additional fee required or credit any overpayment

2.  Payment Enclosed:

Check  Money Order  Other

**FEE CALCULATION****1. BASIC FILING FEE**

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description        | Fee Paid |
|----------------|-----------------|----------------|-----------------|------------------------|----------|
| 101            | 710             | 201            | 355             | Utility filing fee     | \$710    |
| 106            | 320             | 206            | 160             | Design filing fee      |          |
| 107            | 490             | 207            | 245             | Plant filing fee       |          |
| 108            | 710             | 208            | 355             | Reissue filing fee     |          |
| 114            | 150             | 214            | 75              | Provisional filing fee |          |
| SUBTOTAL (1)   |                 |                |                 | (\$ ) 710              |          |

**2. EXTRA CLAIM FEES**

|                    |   | Extra Claims | Fee from below | Fee Paid |
|--------------------|---|--------------|----------------|----------|
| Total Claims       | 8 | -20** =      | 0 x 18 =       | \$00     |
| Independent Claims | 2 | -3** =       | 0 x 80 =       | \$00     |
| Multiple Dependent |   |              |                | \$00     |

\*\*or number previously paid, if greater; For Reissue, see below

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description   |  |
|----------------|-----------------|----------------|-----------------|---|--|
| 103            | 18              | 203            | 9               | Claims in excess of 20                                    |  |
| 102            | 80              | 202            | 40              | Independent Claims in excess of 3                         |  |
| 104            | 270             | 204            | 135             | Multiple dependent claims in excess of 3                  |  |
| 109            | 80              | 209            | 40              | **Reissue independent claims over original patent         |  |
| 110            | 18              | 210            | 9               | **Reissue claims in excess of 20 and over original patent |  |
| SUBTOTAL (2)   |                 |                |                 | (\$ ) \$00  |  |

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

Complete (if applicable)

SUBMITTED BY

Carlton H. Hoel

Reg. Number 29,934

Typed or Printed Name

Signature

Date

4/25/01

Deposit Account User ID